

Fall HWAC Meeting

Tuesday, October 22, 2009

Edward Via College of Osteopathic Medicine

AGENDA

- Recap of Authority Study (Power Point Presentation)
 - ◊ All Stakeholder Meetings and Recommendations
- Discussion and Feedback of Draft Authority Language
- HWAC Recommendations to State Health Commissioner

NOTE-TAKER	Aileen Harris & Kathy Wibberly
ATTENDEES	<p>Susan Alford, GMEC & SW Va AHEC; Bob Alpino, EVMS-Eastern Virginia AHEC; Linda Bohanon, Statewide AHEC; John Dreyzehner, Cumberland Plateau LHD; Betsy Hagan, Virginia Dental Association; Kevin Harris, VCU/MCV Campus; Cynda Johnson, Va Tech Carilion; Colleen Kraft, Va Tech Carilion-Pediatrics; Susan West Marmagas, Western Region VaPHA; Janet McDaniel, Chair of the SRHP-Workforce Council; Dennis Means, Va Tech Carilion; Beth O'Connor, VRHA/VRHRC; Ann Peton, NACADA at VCOM; James Pickral; Karen Purcell, Capital AHEC; Beth Rinehardt, Wellmont Health System; Rick Shinn, Va Community Healthcare Association; Wayne Terry, Southside AHEC; Dixie Tooke-Rawlins, VCOM; Sarah Jane Stewart, VHCF; Shelley Stinson, Medical Society of Virginia;</p> <p>Call-ins: Steven Bowman, JCHC; Karen Day, VDH-Dental Health; Michael Royster, VDH-OMHPHP</p>
ESTABLISHING A VISION POWERPOINT	<p>Input was solicited from the group regarding draft authority language (name, mission, vision and objectives).</p> <p>The overall consensus was that the group supported the name, mission and draft objectives</p>
GROUP DISCUSSION OF DRAFT LANGUAGE	<p>RECOMMENDED NAME of AUTHORITY: Virginia Health Workforce Development Authority</p> <ul style="list-style-type: none"> ▪ Purpose is to <u>not</u> think too broadly about health and to focus on healthcare so that the authority can be effective - specific to workforce issues. Focusing too broadly may yield the authority losing autonomy. ▪ Include health in the name and language to be inclusive of all practitioners. ▪ Establishing an authority with a "specific" focus helps with "branding" the authority and creating an "identity" for the authority. ▪ Having specificity in a focus allows greater opportunities for funding resources that will be specific to an area where the authority can have the most impact. <p>RECOMMENDED MISSION STATEMENT:</p> <p>Facilitates development of a statewide health professions pipeline that identifies, educates, recruits and retains a diverse and culturally-competent workforce.</p>

Consensus of the group was that the draft mission was too long and portions could be used for the mission and vision statements and objectives.

RECOMMENDED VISION STATEMENT:

Ensuring a quality health workforce for all Virginians

This statement comes from the draft mission statement presented to the group.

RECOMMENDED OBJECTIVES:

- 1) Informs state and local policies development that impact health care delivery, training, and education;
- 2) Establish an infrastructure that maintains engagement of health profession training programs in decision-making and program implementation of a statewide plan; and
- 3) Identifies and promotes effective interdisciplinary health care service models, particularly those affecting rural and other underserved communities.

These objectives were originally part of the draft mission statement.

It was agreed upon by consensus to keep the draft objectives listed in the Power Point presentation with the following changes:

- Revise language in objective #2 (delete words, "...enforces priorities for...." in the statement.
- Consolidate objectives #4 and #7.
- Eliminate objective #6.
- Add as an objective, leveraging and acquiring resources to support the workforce pipeline.
- Add as an objective, identifies high priority target areas within each region of the State.

RECOMMENDATION FOR AUTHORITY REPRESENTATION:

- Recommend that any regional health authorities be represented on workforce authority.
- Recommend including other individuals/entities/programs that do a good job of training.
- Recommend to establish an executive committee (allow the committee to develop its own structure, creating sub-groups as needed).
- Recommend to include at-large seats appointed by the Board.
- Regional representation of authority to equal the AHEC regions.
- Engage state legislators by making them ex-officio members.
- Seek out statewide "champions" and let them be a "voice" for the authority as ex-officio members.

<p>GROUP DISCUSSION OF EMPOWERMENT OF AUTHORITY</p>	<p>It was recommended to put in the language for authority to have decision-making authority.</p> <p>Group agreed upon the following as some of the decision-making activities the authority will coordinate:</p> <ul style="list-style-type: none"> ▪ AHEC activities ▪ Monitoring/Collecting and Tracking Data ▪ Advise SCHEV on policy data/development and advocacy ▪ Receiving funds from General Assembly for workforce for the State ▪ Receiving federal and state funds
<p>ACTION ITEM(S) FOR AUTHORITY</p>	<p>◊ Recommend prioritizing the objectives so that it shows progression of efforts.</p> <p>◊ Recommend checking the interest of various organizations and stakeholders first before placing on authority.</p> <p>◊ Recommend looking at other Authorities to review the decision-making they have.</p>
<p>HWAC RECOMMENDATIONS</p>	<p>◊ Recommend that HWAC craft a memo to the Commissioner regarding the following:</p> <ol style="list-style-type: none"> 1. That HWAC look at the full scope of workforce issues in Virginia and not just the VDH workforce efforts. 2. That HWAC take on the advisory role of AHEC via a sub-group (all health profession training programs).